points up the value of that procedure. The persistent fever during 15 days of therapy is indicative of the difficulty in treating a condition in which there were probably many small collections of abscess material inaccessible to drainage. I recommend that in such cases antibiotic therapy in effective doses be continued until all inflammatory signs of disease have disappeared, including fever, leukocytosis and elevation of the sedimentation rate—and then continued for a week or two thereafter. This is more rational than continuing treatment for an arbitrary number of weeks.

Cavernous sinus thrombosis is a medical emergency. It remains a potentially lethal disease, although the development of antibiotics has resulted in an enormous improvement in lowering mortality and long-term morbidity. Current experience underscores the importance of early diagnosis as well as early institution of a vigorous therapeutic program.

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Uses of Vancomycin

WHAT IS THIS DRUG and why has it enjoyed a rebirth? . . . Vancomycin hydrochloride is a drug that has superb activity against Gram-positive organisms. Staphylococci are sensitive to this drug—not only staphylococci that make penicillinase but also those that are resistant to pencillin, as well as those resistant to methicillin, oxacillin and nafcillin. These staphylococci are also sensitive to vancomycin. So, if you want to have a drug that you know is going to work against a staphylococcus, regardless of any situation that might arise, vancomycin would be your choice. I doubt that this would often come up in private practice; nevertheless, you would not be wrong to turn to vancomycin.

The drug also works against streptococci—all streptococci are sensitive to vancomycin, including group B hemolytic streptococci. The same thing is true for enterococci organisms—they are quite sensitive to vancomycin, but . . . you cannot use vancomycin by itself to treat blood-borne enterococcal infection. In this siutation, you would have to use vancomycin and an aminoglycoside. What about *Haemophilus influenzae?* . . . Vancomycin has no activity against any Gram-negative organism, period. It is strictly a Gram-positive antibiotic.

—DAVID J. DRUTZ, MD, *San Antonio, Texas*

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